## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

PAGE 12735OF 30559 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) TEAM SCALISE Full Name of Individual (Last, First, Middle Initial) or Full Organization Name TIFFANY, AVERY, , , Date of Receipt Mailing Address 4404 DAVIS FARMS DRIVE NORTH 11 2021 City Zip Code State Transaction ID: SA11A.2121667 NC WILSON 27896-8704 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) **RETIRED** RETIRED CONTRIBUTION Receipt For: Aggregate Year-to-Date ▼ Primary General EARMARKED FROM WINRED 221.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. TIGANI, JAMES, V., , JR. Date of Receipt Mailing Address 940 N LAKE WAY 10 2021 11 City State Zip Code Transaction ID: SA11A.2122911 PALM BEACH FL 33480-3323 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **RETIRED** CONTRIBUTION **RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General EARMARKED FROM WINRED Other (specify) 725.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. TILMAN, FRANCES, , , Date of Receipt Mailing Address 2616 OLD CHARLESTON RD 80 2021 City Zip Code State Transaction ID: SA11A.2133406 SC **GEORGETOWN** 29440-4312 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) TIDELANDS HEALTH HOSPITAL CONTRIBUTION **DIRECTOR - VOLUNTEER SERVICES** Receipt For: Aggregate Year-to-Date ▼ Primary General EARMARKED FROM WINRED 394.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....